470 GARFIELD A	AVENUE
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EVANSVILLE 53536 Ph	one:(608) 882-5700		Ownership:	Corporation
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hos	pital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staff	ed (12/31/03):	83	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12	/31/03):	83	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03	:	80	Average Daily Census:	79

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 	%	Age Groups	%	Less Than 1 Year	15.0 60.0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)		Under 65 65 - 74		More Than 4 Years	17.5
Respite Care	No	Mental Illness (Other)	2.5	75 - 84	36.3	I	92.5
Adult Day Care Adult Day Health Care	No No	•		85 - 94 95 & Over		************************************ Full-Time Equivalent	
Congregate Meals Home Delivered Meals	No Yes	Cancer Fractures		 		Nursing Staff per 100 Resi (12/31/03)	ldents
Other Meals	No			65 & Over 			12.7
Transportation Referral Service	No No	Diabetes	3.8	Gender	용	LPNs	8.6
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions		 Male		Nursing Assistants, Aides, & Orderlies	70.7
Mentally Ill Provide Day Programming for	No			Female 	70.0	•	
Developmentally Disabled	No	 		i I	100.0	İ	

Method of Reimbursement

		edicare			edicaid			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	318	49	100.0	117	0	0.0	0	16	64.0	180	0	0.0	0	0	0.0	0	71	88.8
Intermediate				0	0.0	0	0	0.0	0	9	36.0	180	0	0.0	0	0	0.0	0	9	11.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		49	100.0		0	0.0		25	100.0		0	0.0		0	0.0		80	100.0

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit:	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					 % Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	7.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.0	Bathing	0.0		83.8	16.3	80
Other Nursing Homes	2.9	Dressing	8.8		70.0	21.3	80
Acute Care Hospitals	86.3	Transferring	15.0		68.8	16.3	80
Psych. HospMR/DD Facilities	0.0	Toilet Use	15.0		60.0	25.0	80
Rehabilitation Hospitals	1.0	Eating	33.8		50.0	16.3	80
Other Locations	1.0	******	******	****	******	******	*****
Total Number of Admissions	102	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	13.8	Receiving Resp	iratory Care	15.0
Private Home/No Home Health	9.9	Occ/Freq. Incontiner	nt of Bladder	71.3	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	30.7	Occ/Freq. Incontiner	nt of Bowel	26.3	Receiving Suct	ioning	0.0
Other Nursing Homes	2.0				Receiving Osto	my Care	0.0
Acute Care Hospitals	31.7	Mobility			Receiving Tube	Feeding	2.5
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	2.5	Receiving Mech	anically Altered Diets	33.8
Rehabilitation Hospitals	0.0						
Other Locations	5.0	Skin Care			Other Resident C	haracteristics	
Deaths	20.8	With Pressure Sores		42.5	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		7.5	Medications		
(Including Deaths)	101				Receiving Psyc	hoactive Drugs	53.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	8	Ratio	8	Ratio	8	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	86.2	1.10	87.1	1.09	88.1	1.08	87.4	1.09
Current Residents from In-County	78.8	78.5	1.00	81.0	0.97	82.1	0.96	76.7	1.03
Admissions from In-County, Still Residing	13.7	17.5	0.78	19.8	0.69	20.1	0.68	19.6	0.70
Admissions/Average Daily Census	129.1	195.4	0.66	158.0	0.82	155.7	0.83	141.3	0.91
Discharges/Average Daily Census	127.8	193.0	0.66	157.4	0.81	155.1	0.82	142.5	0.90
Discharges To Private Residence/Average Daily Census	51.9	87.0	0.60	74.2	0.70	68.7	0.76	61.6	0.84
Residents Receiving Skilled Care	88.8	94.4	0.94	94.6	0.94	94.0	0.94	88.1	1.01
Residents Aged 65 and Older	98.8	92.3	1.07	94.7	1.04	92.0	1.07	87.8	1.13
Title 19 (Medicaid) Funded Residents	61.3	60.6	1.01	57.2	1.07	61.7	0.99	65.9	0.93
Private Pay Funded Residents	31.3	20.9	1.49	28.5	1.10	23.7	1.32	21.0	1.49
Developmentally Disabled Residents	1.3	0.8	1.56	1.3	0.98	1.1	1.13	6.5	0.19
Mentally Ill Residents	32.5	28.7	1.13	33.8	0.96	35.8	0.91	33.6	0.97
General Medical Service Residents	35.0	24.5	1.43	21.6	1.62	23.1	1.51	20.6	1.70
Impaired ADL (Mean)	52.5	49.1	1.07	48.5	1.08	49.5	1.06	49.4	1.06
Psychological Problems	53.8	54.2	0.99	57.1	0.94	58.2	0.92	57.4	0.94
Nursing Care Required (Mean)	12.7	6.8	1.87	6.7	1.89	6.9	1.83	7.3	1.73